

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31, 1998

264  
Lobbyist's Registration Number

## FOR OFFICE USE ONLY

Postmark Date: 1-28-98

Recy

1981079

### Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME TUMMINELLO TED ---  
Last First MI
2. BUSINESS PHONE (504) 831-0437  
Area Code and Phone Number
3. BUSINESS ADDRESS 1237 PAPWORTH AVE. METAIRIE, LA 70005-2340  
Street and No. City State Zip
4. EMPLOYER TED TUMMINELLO, ATTORNEY AT LAW (SELF-EMPLOYED)
5. EMPLOYER'S ADDRESS 1237 PAPWORTH AVE. METAIRIE, LA 70005-2340  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name PAN-AMERICAN LIFE INSURANCE COMPANY  
Address PAN-AMERICAN LIFE CENTER  
601 POYDRAS STREET NEW ORLEANS, LA 70130  
Business or purpose LIFE AND HEALTH INSURANCE COMPANY  
Does this person pay you? YES  
If No, who pays you? ---
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

State of LOUISIANA

Parish of JEFFERSON

Before me, the undersigned authority, personally came and appeared TED TUMMINELLO, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Ted Tumminello  
Signature of Lobbyist

Sworn to and subscribed before me on this 27<sup>TH</sup> day of  
JANUARY, 19 98

William J. Langan  
Notary Public

Rev. 8/97

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

